



<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		<b>Docket No. (Optional)</b> 27419.004.00	
In re Application of      Raphael F. Meloul			
Application Number 10/635,503		Filed August 7, 2003	
For:      SAFETY NEEDLE AND SHIELD USED TO ADMINISTER MEDICATION AND TO DRAW BLOOD			
Art Unit              3763		Examiner              K. C. Simons	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- |   |                         |
|---|-------------------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))              | \$ _____                |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))             | \$ _____                |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))           | \$ _____                |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))            | \$ _____                |
| <input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$              1040.00 |
- ☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ \_\_\_\_\_
- ☒ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number      50-0911

I have enclosed a duplicate copy of this sheet.

- I am the ☐ applicant/inventor.
- ☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☐ attorney or agent of record. Registration Number \_\_\_\_\_
- ☒ attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a)      44,505

November 12, 2004  
Date

(202) 496-7500  
Telephone Number

*Chad C. Anderson*  
Signature

Chad C. Anderson  
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

<input type="checkbox"/> Total of      1      forms are submitted.
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1040.00 DP